

out experience along this line no one can expect to be entirely successful either in his first or his first half dozen cases. On this point Bloodgood pertinently says:² "No surgeon who has not performed many operations under local anesthesia only, will be able to get the same results from the combined method. When the patient is awake and you attempt an operation under local anesthesia, you will always be informed when a painful act takes place, and you will be surprised at the difficulty of making such an operation perfectly painless. . . . It is my opinion that the first step in the development of this new technic is to perform as many operations as possible under local anesthesia."

A distinct advantage of the method which is often overlooked in discussing it, is that it encourages, in fact compels, gentleness of manipulation. Nitrous oxide anesthesia maintained within safe limits is never as deep and death-like as that of ether and undue traction and trauma are much more apt to be resented by muscular contraction and rigidity. Rapidity in operating is, of course, desirable, provided it does not necessitate the sacrifice of thoroughness and due respect for the tissues. The surgeon who is too busy to concede the possible advantage of gentleness in his work will naturally have little patience and less success with this method.

Closing,—the real benefits of anoci-association in preventing post-operative pain, shortening the period of post-operative disability, and saving life have been emphatically attested by such well-known surgeons as M. L. Harris, Bloodgood, Cabot, Carr, Lower and a host of others, in addition to Crile. The first mentioned (Harris³) goes so far as to say that he has practically discarded general anesthesia and believes the method of nerve-blocking alone is so simple, so successful and possesses so many advantages that it marks the passing of the general anesthetic in surgical operations. This is truly "a consummation devoutly to be wished;" but few, perhaps, have as yet acquired sufficient exuberance of enthusiasm to endorse so radical a statement.

My own personal experience with the method embraces approximately 150 cases covering a wide range of different operations. Basing the observation on this personal experience I do not hesitate to say that in my opinion anoci-association represents the most notable step in the progress of surgery within the past two decades. Aside from the relief of human suffering and the saving of life, I count it the most gratifying feature of my surgical experience to have been able to perform a considerable number of major operations and find my patients uniformly in as good or better condition at the conclusion as at the beginning,—free from shock and with every promise that the period of disability would be both shorter and comparatively free from discomfort.

1. "The Nature of Shock." *Annals of Surgery*, Feb., 1914.

2. "Studies in Blood Pressure," etc. *Annals of Surgery*, Dec., 1913.

3. "Nerve Blocking," etc. *Journal A. M. A.*, Sept. 27, 1913.

THE NURSING SITUATION SINCE THE PASSAGE OF THE LAW.*

By GERTRUDE S. COURTRIGHT.

In approaching the discussion of a subject upon which such divergent views have been expressed, and which has been a basis for acrimonious private debate as well as legal argument, the task of treating the topic of this paper, in other than a partisan manner, is almost impossible. Naturally I will be charged with partisanship, irrespective of any observations that I may record, because of my personal efforts in connection with this particular legislation, no matter how accurate those observations may be—no matter how unaffected I may now be, personally, by the results that will follow, "as the night the day," upon the operation of this enactment of our legislature. Assuming that such an accusation of partisanship must therefore follow any article prepared by me—willing, nevertheless, under such conditions, to express my deductions, I wish to first make clear, if I can, the legal theory of such a law, and these preliminary statements are but an attempted repetition of information concerning the law applicable to the subject, and hence probably not as entirely correct as a lawyer would give it. The statute now provides, "No female shall be employed in any manufacturing, mechanical, or mercantile establishment, laundry, hotel, public lodging house, apartment house, hospital, place of amusement, or restaurant, or telegraph or telephone establishment or office, or by an express or transportation company in this state more than eight hours during any one day, or more than forty-eight hours in one week. The hours of work may be so arranged as to permit the employment of females at any time so that they shall not work more than eight hours during the 24 hours of one day, or 48 hours during any one week, provided, however, that the provisions of this section in relation to hours of employment shall not apply to nor affect the harvesting, curing, canning or drying of any variety of perishable fruit or vegetables, or to graduate nurses in hospitals." You will note that the statute in question arbitrarily designates certain classes of work and business in which, irrespective of the nature of the duty or work to be performed, a woman shall not be employed more than eight hours per day or 48 per week.

It has always been the assertion of those who have striven for the enactment of legislation limiting the hours of labor, that the purpose of such a law was the protection of women whose work was of such a character that long continued and closely confined duty in the performance of the work was detrimental to their health, and that, because of their "child-bearing possibilities," the health concerned must be protected and conserved against the demands of thoughtless and heedless employers.

No one will doubt that such legislation is not only beneficial to, but absolutely necessary, in behalf of many women whose earning methods and powers are limited, and with this legislation, when enacted

* Read before the County Medical Society of San Francisco, Cal., February 3, 1914.

with this purpose in mind, no reasonable or conscientious person should quarrel.

It seems to me that the *kind* of work to be performed by women should have more weight in framing this class of legislation than the place where work is performed, and that the relations of others to that work, the effect attendant upon its performance or non-performance, the possible necessities that cause or create the duties should be considered, as well as the fact that a *woman* is doing the work.

The question with which we are to deal is one that must be considered from several standpoints. Let me give an illustration that pictures a condition that seems to me fairly presents the contrast existing under this very statute. When eight hours have been served by a woman employed in any mercantile establishment, and as a result of the law, quitting time has arrived, it means that so far as producing profit for the employers is concerned, the doors of the shop close and work is suspended until another day. The customers of that employer are not concerned in the arrival of the hour, for if they have not made their purchase or transacted their business before closing hour arrives, the next day affords them equal opportunity for that purpose. As the sale of goods for profit is the only object of this employer, it is right that after a fair day's work from his women employees he be not permitted to require more. But in a hospital, while attending upon an operation, or the birth of a child, no matter whether the case be serious or otherwise, if the hour to quit comes for the student nurse in attendance, by force of law, she must cease the performance of her duty. The patient or patients are certainly not in the same category with the would-be purchaser or transactor of business who can or will wait to do or complete his business on the following day. The situation may be one of life or death and irrespective of the health of the healthy nurse, the life of the invalid should not be jeopardized by the arrival of an arbitrary hour at which attention and effort must cease, or a term in jail for violation of law provided as the only alternative of those compelled to complete their duty. At once I can hear the statement made that my illustration is false because of the ability of the hospital authorities to supplant one nurse with another at any moment. This answer is only made by those who have had no experience with illness or surgical cases. Almost as well say that in the midst of an operation the surgeons might be changed or that a patient will as quickly improve under a daily change of physicians. The fact seems to have been overlooked that women who are in training to become nurses are primarily engaged in learning how to bring health and strength to others, not solely to themselves. Admitting that their own health should be well conserved so that they may give to others that which they should strive to give, they have, or at least they should have, conscientiously dedicated themselves, their health, strength, cheerfulness, and vitality to the lives of others. Unless a woman entering upon the study of this profession is willing to give to the patients all

the inspiration of her mind and vigor and, cheerfully, grant her patient each day or night a large share of those qualities, as well as a degree of sympathy that can only spring from a kindly heart and an interested mind, far better for her possible patients that she should choose another profession.

Nursing must not be classed as work, it is a profession of sacrifice—not sacrifice in the sense of giving that which is unrecompensed—for the true nurse there comes recompense in witnessing the return to health of a patient nearing death; the recovery being somewhat due to her untiring effort and attention.

These beliefs lead me to ask of student nurses, are you enlisting in a fight for life or only in a business for money?

Either as students or graduates the work is hard, the strain great, the duty exacting, but there is no comparison with other lines of woman's life in satisfaction from the results. Are we to hereafter commercialize the misfortunes of others? measuring their miseries by their money? or should we give freely all that we have, taking no heed of fatigue, of possible injury to ourselves? Who would think of passing a law prohibiting a soldier from engaging battle more than eight hours a day or forty-eight hours a week when enlisted in the cause of his country?

Let us depart for the moment from these thoughts and take up the consideration of facts bearing upon the present situation. In hospitals, as compared with the past, is there any material change in the health or intellectual improvement of the student nurse as a result of the law? No. Grim necessity of daily recurrence has compelled almost every hospital that I have visited the last two months to violate the law, not only once or twice, but practically every day. And those hospitals that have obeyed the law are either thoroughly disorganized or refusing all but pay patients.

Unfortunate as it may seem, a hospital must meet its financial obligations, and this it cannot do, at least not at present, if but a portion of its patients contribute to the funds of the institution. I do not want to lay much stress upon this necessary refusal to accept poor patients, or the discontinuance of charity beds in contagious cases, that condition is indeed distressing; but dwelling upon that phase is provocative of the accusation that the law is being assailed by appeals to sympathy, and I am convinced that aside from the arguments that may be made on that ground, the law is justly open to attack.

The hours of labor may be regulated or restricted, but no governmental body nor officer ever lived, who, by a statute or threat of imprisonment could regulate or restrict the hours of sickness. The fact of sickness compels the duty of attendance upon the patient, and that attendance, if assigned to a student nurse, should be performed by one who through a desire to learn, and an interest in the patient, is not and should not be concerned in the location of the hands upon the clock. The very occurrence of the thought that at a specific

moment, soon to arrive, when interest in the work or individual can or must cease, is an *injurious distraction* that can do naught but lower the standard of attention required and lessen the amount of knowledge to be acquired. That such results have occurred is borne out by the statements of several directresses, one of whom cited an instance where a student nurse, in the midst of a critical operation, turned to the surgical nurse and called attention to the fact that it was time for her to go off duty. An expression of this character, isolated, I hope, not only indicates the attitude of the student nurse who is willing to assert the fact, but probably typifies the unexpressed thought of many others less assertive. With such a thought dominating the mind, how much knowledge is acquired? how much care taken of the patient? especially if a theater appointment with some one has been made upon the given hour.

Have the student nurses' hours been unduly long? From 7 a. m. to 7 p. m. with two hours each day and one hour off for meals; four hours off on Sundays and one-half day each week, which has been the schedule of general duty for day work, and while many hours may have meant unpleasant, fatiguing work, there have been as many hours of light, easy, and pleasant work as well. From 7 p. m. to 7 a. m. for one or two months, and all half days counted and given as off time, has been the schedule for night duty. A time when the majority of duties were almost perfunctory, a period that in the greatest number of cases meant only careful watching, while the mind of the student was being regaled by the effusions of some popular author or perhaps devoted to study—so far, where is the apparent necessity of shortening the hours so that the health of the "mothers of the future" may be preserved?

Admitting that eight hours is a sufficient number in which to do the work of the usual day, the criticism I make of this law is that it refuses permission to do the work *required or necessary* if that task cannot be done in eight hours.

To the layman, no reason appears why a patient should not receive the ministrations of four different nurses on special duty and many more on general duty in every 24 hours. A strict compliance with the law would compel that situation. We all know that as a rule one who is ill desires and should have as few persons as possible in attendance upon their wants. This is especially true of sick people whose illness or modesty prompts a degree of shrinking from intimacy with strangers. And there are few physicians who would not, because of mental disturbances of the patient, contend against this arrangement. It will not do to counter these suggestions with the assertion that if graduate nurses were employed no such condition would result. The conduct of a hospital is inseparably connected with the average ability of its patients to pay the expense, and its method of operation must be controlled with those facts in mind.

Those who conduct the hospital are certainly entitled to some return for their labor and upon their investment. If they conduct charity beds,

such must be charged to expense. The student nurses receive instructions from, as a rule, especially paid instructors, board, lodging, and laundry free, and a small sum in cash each month. And to these items add all the usual cost of hospital operation, and then add the expense naturally attendant upon increasing the number of student or graduate nurses so as to perform the work and obey the law, and I warrant that no hospital in this state will survive if it maintains a *reasonable schedule of charges* within the reach of the person of ordinary means.

No doubt this prediction will be denied—but time will show—if the law is eventually obeyed, whether it is justified. Our hospitals cannot be regulated or managed upon the basis of the eastern hospitals, where it is the usual thing to find an endowment fund working night and day to assist in meeting the expense. In California, but a few are so fortunate, and they may weather the storm, but the others will sustain the full effect.

Another feature of it that marks a wide difference between our hospitals and those in the eastern states, is that ours are much smaller in capacity. In theirs, during any hour, because of the great number of patients, a student has opportunity for observing a crisis and receiving instruction in handling the case through the period. There student nurses are on duty eight hours daily, 56 hours per week, and 12 hours night duty, and in the small hospitals do special duty more for purposes of instruction; but here, our small hospitals with few patients, the quitting hour may come at a time to prevent this observation and instruction, and to one who really wishes to perfect herself in the nursing profession, no chance should be lost in acquiring by observation, study, and contact all possible knowledge.

BOOK REVIEWS

Anatomy and Physiology for Nurses. By Amy G. Pope. 8vo, linen, pp. 554, illustrated. G. P. Putnam's Sons, New York and London, Publishers. Price \$1.75.

This is a good book, concise, explicit and practical. In the chapter on the Spinal Cord some explanation of lumbar puncture might not be out of place. The illustrations are not too numerous, clear and useful.

L. E.

Guiding Principles in Surgical Practice. By Frederick-Emil Neef, B. S., M. L., M. D., Adjunct Professor of Gynecology, Fordham University School of Medicine, New York City. Sextodecimo; 180 pages. Surgery Publishing Co., New York. Price, Cloth, \$1.50.

In this little monograph Doctor Neef has given us a little work that is worth the perusal of every one that enters the operating room. While the operating room methods are but briefly described and do not even partially cover the field of general surgery, there is much that can be read with benefit to both surgeon and patient. The little chapter on wound healing is exceptionally clear and good, as is the part devoted to sterilization of the operative field, the instruments and the surgeon's hands. There is a lot of sound advice and good reasoning contained in this little book and it